



Incident Report

Print Date/Time: 01/11/2016 13:24
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00000372

Incident Date/Time: 1/6/2016 6:51:00 PM
Location: SOPER HILL RD / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 308-5146
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19N2	SS0132-Kilroy
19N3	SS0133-Heinemann
19N4	SS0134-Lyons
19S13	SS0095-Miner

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	USA, T-MOBILE					
2	Reporting Party	PRETLOW, JENNIFER		(425) 308-5146			
3	Involved Party	BOOTH, SIERRA					06/26/1997

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car					ALK1258	
Involved Vehicle	Passenger Car		Dodge	Grand Caravan		ATC4141	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

Nick Harris Statement

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

2016-0000372



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Harris Nick Robert	RACE Caucasian	ETH	SEX M	DOB 02/27/93	AGE 22	HGT 5'10"	WGT 150	HAIR Brown	EYES Blue
STREET ADDRESS 8219 24th PL NE		CITY Marysville			STATE WA		ZIP 98275		RES. STATUS	
HOME PHONE		CELL PHONE 425 220-0318			PLACE OF EMPLOYMENT YMCA					
WORK PHONE		EMAIL ADDRESS nickharr@uw.edu								

I, Nick Harris, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was sitting at the red light waiting to turn right onto Highway 9 ~~North~~ South. I saw the girls silver car driving south bound on highway 9 through a green light when the silver van ran a red left turn northbound in front of her. I ran over to the silver car first because I heard the young girl screaming, told her to stay calm and not to move while another woman called 911.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Nick Harris</u>	DATE SIGNED 1/6/16	LOCATION SIGNED Superhill Road & highway 9
OFFICER/NUMBER: <u>C Lyons #134</u>	DATE SIGNED 1/6/16	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-0000372VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Follett, Reilly, Ann	RACE White	ETHNICITY	SEX F	D.O.B. 10/26/98	AGE 17	HGT 5'3"	WGT 142	HAIR Brown	EYES Green
STREET ADDRESS 7702 44 St NE			CITY Marysville			STATE WA		ZIP 98270	
HOME PHONE None		CELL PHONE 425-275-8447			WORK PHONE None				
EMAIL ADDRESS (OPTIONAL) rafollett98@gmail.com					PLACE OF EMPLOYMENT None				

STATEMENT:

Silver van ~~was~~ facing north on highway 9 trying to turn left. Van had a red light but continued to turn. Silver car was heading south 55 mph on highway 9 and had a green light. Car honked at van, slammed on breaks, but T-boned van.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Reilly Follett

DATE SIGNED:

1/6/16OFFICER/NUMBER: C. Lyons #134

DATE SIGNED:

1/6/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Stephanie Hoiosen Statement



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER _____

2016-0000372

VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Hoiosen Stephanie M	RACE White	ETHNICITY	SEX F	D.O.B. 5/25/87	AGE 28	HGT 5'5	WGT 158	HAIR Brown	EYES Brown
STREET ADDRESS 17310 73rd DR NE			CITY Arlington			STATE WA		ZIP 98223	
HOME PHONE		CELL PHONE 206-949-4220			WORK PHONE				
EMAIL ADDRESS (OPTIONAL) mommyrx3@gmail.com					PLACE OF EMPLOYMENT				
STATEMENT:									

I was behind silver car, traveling South on Hwy 9. We had green light. Van pulled out to turn left across Hwy 9. ~~over~~ The van was driving North on Hwy 9. The car hit van and ended up on side of road. I stayed with the 18 year old in silver car trying to keep her calm and smiling. She seemed fine, but complained of back, forearm and hand pain. She was very shaken.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Stephanie Hoiosen</i>	DATE SIGNED: 1-6-16
OFFICER/NUMBER: C. Lyons #134	DATE SIGNED: 1/6/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page 1 OF 1

ORIGINAL



LOPD
ORIGINAL



LSPD
ORIGINAL



LSPD
ORIGINAL



251-7712



LEAD
ORIGINAL



LEPD
ORIGINAL



LEAD
ORIGINAL



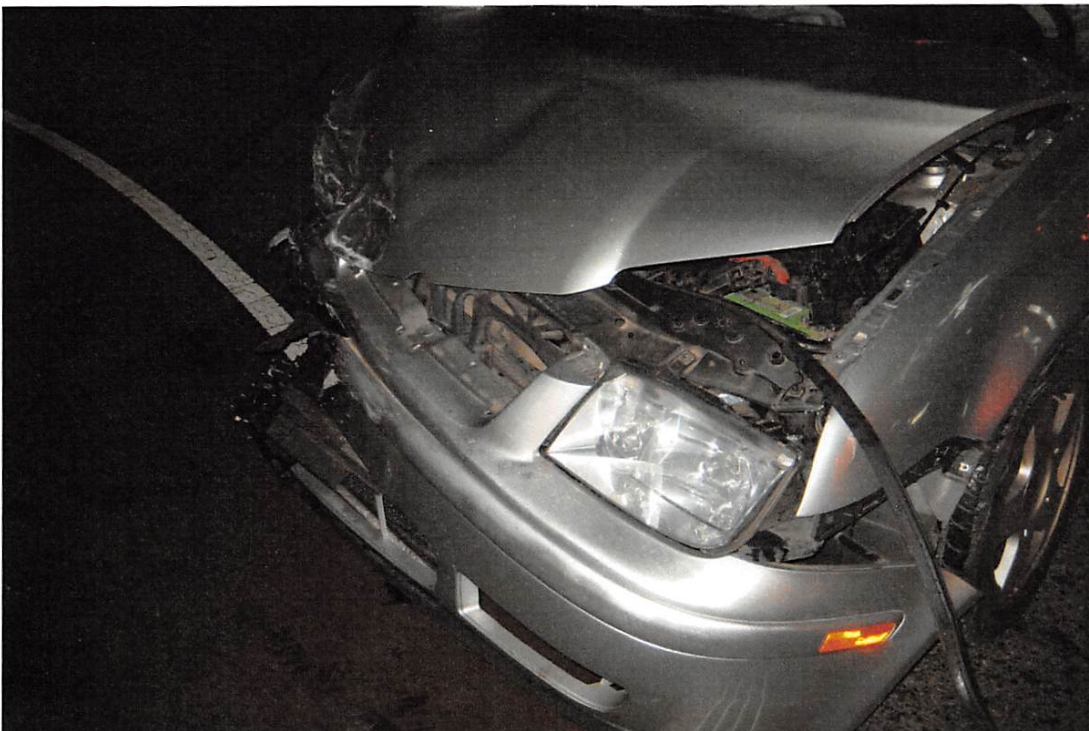
ORIGINAL



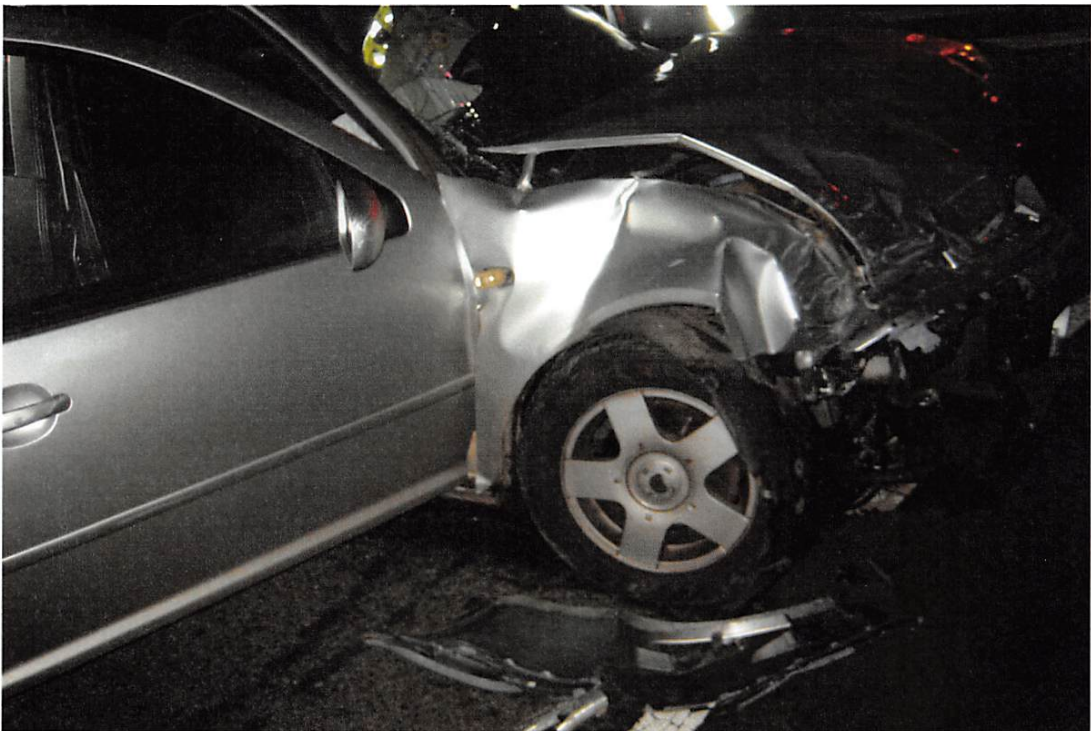
LSM
OK



CH 1000

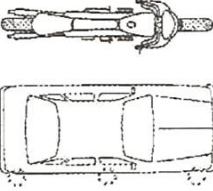


LSPD
ORIGINAL



10-11-2011 10:11 PM

LSPD
OFFICIAL

CHECK ALL THAT APPLY: <input type="checkbox"/> NON-IMPOUND/TOW <input type="checkbox"/> AAA or OTHER ROADSIDE ASSISTANCE <input type="checkbox"/> EVIDENCE <input type="checkbox"/> SEIZED UNDER RCW 89.50.505 <input checked="" type="checkbox"/> IMPOUND ONLY <input type="checkbox"/> DUI/PC IMPOUND WITH 12 HOUR HOLD <input type="checkbox"/> DWLS IMPOUND WITH ___ DAY HOLD <input type="checkbox"/> INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER <input type="checkbox"/> REGISTERED OWNER MAY REDEEM _____ <input type="checkbox"/> CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD. <input type="checkbox"/> CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.	UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD	CASE / EVIDENCE NUMBER 2016-00000372
VEHICLE INFORMATION		
VIN: 2C4RD1G1G6D1R553955		
LICENSE ATC4141	STATE WASHINGTON	YEAR 2013
MAKE DODGE		MODEL GRAND
<input type="checkbox"/> Report of Sale		MILEAGE <input checked="" type="checkbox"/> Digital DIGITAL UNREADABLE
STYLE SPORT VAN		COLOR SILVER/ALUMINUM
DRIVER	REGISTERED OWNER	LEGAL OWNER
NAME (LAST, FIRST, MI) WILSON, MERLIN H	NAME (LAST, FIRST, MI) WILSON, MERLIN H	NAME (LAST, FIRST, MI)
STREET ADDRESS 7110 137TH DR NE	STREET ADDRESS 7110 137TH DR NE	STREET ADDRESS
CITY, STATE, ZIP CODE LAKE STEVENS, WA 982589000	CITY, STATE, ZIP CODE LAKE STEVENS, WA 98258	CITY, STATE, ZIP CODE
PHONE (360)691-2761	DOB 7/14/1947	PHONE
AUTHORIZATION AND RECEIPT		
ON <u>1/8/2016</u> AT <u>19:53</u> PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS <small>(DATE) (24 HOURS)</small>		
IN THE DESCRIBED VEHICLE, I AUTHORIZED <u>TOP NOTCH</u> <u>5705002</u> <small>(TOWING FIRM) (POL/TRUCK NO.)</small>		
DRIVEN BY: <u>BILL</u> TO REMOVE THIS VEHICLE FROM <u>2800 STATE ROUTE 9/SOPER HILL RD.</u> <small>(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)</small>		
EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)
<input checked="" type="checkbox"/> [1] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT <input checked="" type="checkbox"/> R FRONT <input checked="" type="checkbox"/> R SIDE <input checked="" type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____	<div style="text-align: center;">  </div>
INVENTORY		NARRATIVE OR DIAGRAM
(List reasons(s) for impound.) impound		
<input checked="" type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRMS OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.		
<input type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.		
<input checked="" type="checkbox"/> THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.		
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.		

OFFICER'S ELECTRONIC
SIGNATURE

C. Lyons

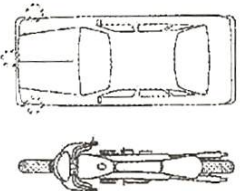
SNOHOMISH, WA
COUNTY, WA

0134
BADGE NO

Lake Stevens PD
AGENCY

3000-110-076 (R 07/13)

ORIGINAL

CHECK ALL THAT APPLY: <input type="checkbox"/> NON-IMPOUND/TOW <input type="checkbox"/> AAA or OTHER ROADSIDE ASSISTANCE <input type="checkbox"/> EVIDENCE <input type="checkbox"/> SEIZED UNDER RCW 89.50.505 <input checked="" type="checkbox"/> IMPOUND ONLY <input type="checkbox"/> DUPLICATE IMPOUND WITH 12 HOUR HOLD <input type="checkbox"/> DVLS IMPOUND WITH 12 HOUR HOLD <input type="checkbox"/> INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER		DRIVER NAME (LAST, FIRST, MI) BOOTH, SIERRA J STREET ADDRESS 4914 140TH ST SE CITY, STATE, ZIP CODE SNOHOMISH, WA 98296 PHONE (425) 501-8344 DOB 6/26/1997		AUTHORIZATION AND RECEIPT ON 1/8/2018 AT 12:48 PM PURSUANT TO RCW 46.65.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I AUTHORIZED TOP NOTCH (TOWING FIRM) TO REMOVE THIS VEHICLE FROM 2800 STATE ROUTE 9/SOOPER HILL RD (LOCATION) 5705-003 (JOB TRUCK NO)		DRIVER BY NICHOLE (DRIVERS PRINTED FIRST AND LAST NAME) TO REMOVE THIS VEHICLE FROM 2800 STATE ROUTE 9/SOOPER HILL RD (LOCATION) 5705-003 (JOB TRUCK NO)	
REGISTERED OWNER NAME (LAST, FIRST, MI) BOOTH, BOB A STREET ADDRESS 4912 140TH ST SE CITY, STATE, ZIP CODE SNOHOMISH, WA 98296 PHONE LEGAL OWNER NAME (LAST, FIRST, MI) STREET ADDRESS CITY, STATE, ZIP CODE PHONE		VIN 3VWISA29M9X1M078997 LICENSE ALK1258 STATE WASHINGTON YEAR 1999 MAKE VOLKSWAGEN MODEL JETTA COLOR SILVER/ALUMINUM		DAMAGE FRONT <input checked="" type="checkbox"/> FRONT <input checked="" type="checkbox"/> R FRONT <input checked="" type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input checked="" type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER <input type="checkbox"/>		INVENTORY KEYS <input checked="" type="checkbox"/> [1] LOCKED TRUNK <input checked="" type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [] DISCS HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER <input type="checkbox"/>	
EQUIPMENT FRONT <input checked="" type="checkbox"/> FRONT <input checked="" type="checkbox"/> R FRONT <input checked="" type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input checked="" type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER <input type="checkbox"/>		DAMAGE FRONT <input checked="" type="checkbox"/> FRONT <input checked="" type="checkbox"/> R FRONT <input checked="" type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input checked="" type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER <input type="checkbox"/>		EVIDENCE (DRIVER'S SIDE) EVIDENCE (PASSENGER'S SIDE)		NARRATIVE OR DIAGRAM 	
I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRMS OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.		I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.		OFFICER'S ELECTRONIC SIGNATURE C. Lyons SNOHOMISH, WA BADGE NO 0134 Lake Stevens PD AGENCY		3000-110-076 (R 07/13)	

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

 CASE / EVIDENCE NUMBER
 2016-00000372


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E503545

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
--------------------	--

CASE #	2016-00000372
--------	---------------

LOCAL AGENCY CODING	
---------------------	--

TOTAL # OF UNITS	02	OBJECT STRUCK	
------------------	----	---------------	--

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	01	-	06	-	2016			1845	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
STATE ROUTE 9		BLOCK NO. <input checked="" type="checkbox"/> 2600
		MILE POST

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)
		S	W	SOPER HILL RD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3606912761
---------	---	--------------------------------------	--	---------------------

LAST NAME	WILSON	FIRST NAME	MERLIN	MIDDLE INITIAL	H
-----------	--------	------------	--------	----------------	---

STREET NEW ADDRESS	7110 137TH DR NE
--------------------	------------------

CITY	LAKE STEVENS	ST	WA	ZIP	982589000
------	--------------	----	----	-----	-----------

CDL	RESTRICTIONS B	ENDORSEMENTS
-----	----------------	--------------

DRIVER'S LICENSE #	WILSONMH536MM	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07	-	14	-	1947
--------------------	---------------	-------	----	-----	---	-----------------	----	---	----	---	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	4	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	0	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--------------	---	--------------------

LICENSE PLATE #	ATC4141	STATE	WA	VIN#	2C4RDGCG6DR553955
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2013	MAKE	DODG	MODEL	GRAND	STYLE	SV	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	TOP NOTCH	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	----	---	----------	-----------	---

REGISTERED OWNER INFO. MERLIN WILSON 7110 137TH DR NE LAKE STEVENS WA 982589000 D: 3606912761

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H2225848
---	-------------------------	-----------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------

UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4255018344
---------	---	--------------------------------------	-------------------------------------	---	--	---------------------

LAST NAME	BOOTH	FIRST NAME	SIERRA	MIDDLE INITIAL	J
-----------	-------	------------	--------	----------------	---

STREET NEW ADDRESS	4914 140TH ST SE
--------------------	------------------

CITY	SNOHOMISH	ST	WA	ZIP
------	-----------	----	----	-----

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	BOOTHSJ032L6	STATE	WA	SEX	F	D.O.B. MMDDYYYY	06	-	26	-	1997
--------------------	--------------	-------	----	-----	---	-----------------	----	---	----	---	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--------------	---	--------------------

LICENSE PLATE #	ALK1258	STATE	WA	VIN#	3VWSA29M9XM078997
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	1999	MAKE	VOLK	MODEL	JETTA	STYLE	P4	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	TOP NOTCH	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	----	---	----------	-----------	---

REGISTERED OWNER INFO. BOB BOOTH 4912 140TH ST SE SNOHOMISH WA

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS 188363722
---	-------------------------	-------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------

OFFICER'S NAME (PRINT)	C. LYONS	BADGE OR ID #	0134	AGENCY	WA0311900
------------------------	----------	---------------	------	--------	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E503545**CASE # **2016-00000372**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		WILSON RUTH																
ADDRESS & PHONE # 7110 137TH DR NE LAKE STEVENS WA 982589000 3606912761										SEX	F	D.O.B. MMDDYYYY		-		-		
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	4	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		FOLLET REILLY A																
ADDRESS & PHONE # 7702 44TH ST NE MARYSVILLE WA 98270 4252758447										SEX	F	D.O.B. MMDDYYYY	10	-	26	-	1998	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		HOIOSEN STEPFANIE M																
ADDRESS & PHONE # 17310 73RD DR NE ARLINGTON WA 98223 2069494220										SEX	F	D.O.B. MMDDYYYY	05	-	25	-	1987	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 01/06/16 at approximately 1845 hours, V1 was driving northbound on State Route 9 and entered the left hand turn lane to head westbound on Soper Hill Rd. V1 stated he believed he had time to make the left hand turn light before oncoming traffic. As V1 entered the intersection, heading westbound on Soper Hill Rd, V2 collided into the side of V1. V2 was traveling southbound on State Route 9 and did not have enough time to brake to avoid colliding into the side of V1. There were three (3) witnesses to the collision, which filled out statements and were collected with the report. The witnesses stated V1 did not have a green light as did V2.

Both V1 and V2's airbags were deployed upon impact of the collision. V1 driver and passenger stated no injuries and refused need of aid. V2 driver was injured and transported by aid for neck and left arm/wrist injuries.

Both V1 and V2 were towed away from the scene by Top Notch towing. V1 driver and passenger were given a courtesy transport home from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS**01-08-16 08:06 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 0095**1/9/2016 3:16:21 AM**

BADGE OR ID #	0134	ORI #	WA0311900	TIME POLICE DISPATCHED	6:54 PM	TIME POLICE ARRIVED	7:00 PM
---------------	-------------	-------	------------------	------------------------	----------------	---------------------	----------------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E503545**CASE # **2016-00000372**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HARRIS NICK R																
ADDRESS & PHONE # 8219 29TH PL NE MARYSVILLE WA 98270 4252200318										SEX M	D.O.B. MMDDYYYY 02	-	27	-	1993			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 01/06/16 at approximately 1845 hours, V1 was driving northbound on State Route 9 and entered the left hand turn lane to head westbound on Soper Hill Rd. V1 stated he believed he had time to make the left hand turn light before oncoming traffic. As V1 entered the intersection, heading westbound on Soper Hill Rd, V2 collided into the side of V1. V2 was traveling southbound on State Route 9 and did not have enough time to brake to avoid colliding into the side of V1. There were three (3) witnesses to the collision, which filled out statements and were collected with the report. The witnesses stated V1 did not have a green light as did V2.

Both V1 and V2's airbags were deployed upon impact of the collision. V1 driver and passenger stated no injuries and refused need of aid. V2 driver was injured and transported by aid for neck and left arm/wrist injuries.

Both V1 and V2 were towed away from the scene by Top Notch towing. V1 driver and passenger were given a courtesy transport home from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-08-16 08:06 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

1/9/2016 3:16:21 AM

BADGE OR ID #

0134

ORI #

WA0311900

TIME POLICE DISPATCHED

6:54 PM

TIME POLICE ARRIVED

7:00 PM

REPORT NO. E503545

CASE # 2016-00000372

DATE AND TIME
OF COLLISION 01/06/16 18:45

